



# Player Medical Release



THE UNDERSIGNED:

May 27, 2018

Guardian of Athlete \_\_\_\_\_

A minor and participating Basketball athlete with N Y C HEAT, hereby authorize an officer, coach or agent of the N Y C HEAT to transport, as required, the above mentioned athlete for any medical attention.

I hereby give my consent for said athlete to receive any and all medical care necessary to be administrated as prescribed by a duty Licensed Doctor under what ever conditions are necessary to preserve the life, limb, or well being of said athlete.

The hereunder information is to be presented to a Licensed Doctor. i wan t to tadd this stuff

## Athlete's Information

First Name

Home Address

Last Name

Home Address  
Line 2

Middle  
Initials

City

DOB

State

Email

Zipcode

Phone

## Parent's Information

Parent  
Name

Parent Name

Parent  
Phone

Parent Phone

Parent  
Email

Parent Email

## Emergency Contacts

Contact  
Name

Contact Name

Contact  
Phone

Contact Phone

Contact  
Email

Contact Email

## Medical Information

Insurance  
Name

Insurance  
ID

Know Allergies

Other Medical  
Information